



Business Broadband (High Speed Internet) Survey

Through the leadership of the Muskegon County Broadband Initiative, the support of the county’s Infrastructure and Economic Development Committee, the Muskegon Area Intermediate School District, local municipality leaders and many other organizations, our community is participating in Connect Michigan’s “Connected Community” program. This project will assess the current status of broadband access, adoption, and use in our area in so we can develop a Broadband Technology Action Plan to improve the quality of life and economic potential across Muskegon County.

This survey is designed to collect data on how Muskegon County businesses of all types are using broadband and related technologies. Survey respondents must be at least 18 years of age with a working knowledge of the technology use of the business.

In order for your sector to be accurately represented, please answer the following questions. Your data submission is extremely important to this project as it will be used to develop a comprehensive Technology Action Plan with recommended actions to improve the economic potential and quality of life of Muskegon County. Please submit one survey per business.

This survey may also be completed online at:
<http://connectmycommunity.org/muskegon-county-business-survey>

Please Return to xxxxxxxxxx yyyyyyyyyyyyyy by MM/DD/YYYY.

1. Business Address:
 - a. Street Address, City: _____
 - b. Zip Code: _____
 - c. Township: _____

2. Does your business subscribe to Internet service?
 Yes (skip to question #4) No (continue to question #3)

3. What is the primary reason for not subscribing to Internet service?

<input type="checkbox"/> We don't need the Internet	<input type="checkbox"/> Poses a security risk
<input type="checkbox"/> No computer	<input type="checkbox"/> Distraction to staff
<input type="checkbox"/> Internet service is too expensive	<input type="checkbox"/> Lack of staff training
<input type="checkbox"/> Internet service is not available	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Internet Service is too complicated	

Please skip to question #8.

4. Please select the speed tier that best reflects the Internet service to which your business is subscribed.
If you do not know your speed, you can visit <http://www.speedtest.net/> and run a quick speed test. This speed can also often be found on your billing statement. Download speed is expressed as kilobytes (Kbps) or megabytes (Mbps) per second.
- | | |
|--|--|
| <input type="checkbox"/> Dial-up | <input type="checkbox"/> 51 Mbps to 100.99 Mbps |
| <input type="checkbox"/> 3.99 Mbps or Less | <input type="checkbox"/> 101 Mbps to 500.99 Mbps |
| <input type="checkbox"/> 4 Mbps or 10.99 Mbps | <input type="checkbox"/> 501 Mbps or Faster |
| <input type="checkbox"/> 11 Mbps to 25.99 Mbps | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> 26 Mbps to 50.99 Mbps | |
5. To what type of Internet service do you subscribe?
- | | |
|---|--|
| <input type="checkbox"/> Cable Internet | <input type="checkbox"/> Satellite Internet |
| <input type="checkbox"/> Dial-Up Internet | <input type="checkbox"/> T1 Internet |
| <input type="checkbox"/> DSL Internet (over phone lines) | <input type="checkbox"/> Wireless Internet – other than cell phone service |
| <input type="checkbox"/> Fiber-optic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobile or cellular phone connection only | |
6. Who is the Internet service provider for your business? _____
7. Does your business offer free Wi-Fi to the public at this location?
 Yes No
8. Does your business have a website?
 Yes (continue to question #9) No (skip to question #10)
9. Please enter your Business's website address. _____
10. Have you hired any new employees (new positions, not replacement hires) in the last 6 months?
 Yes (How many? _____) No Unsure
11. Do you plan to hire any new employees (new positions, not replacement hires) in the next 6 months?
 Yes (How many? _____) No Unsure
12. Please select the response(s) below that best describe your business's policy toward continuing education and training. *Please select all that apply.*
- | |
|--|
| <input type="checkbox"/> Employees are encouraged to pursue continuing education, training, and/or professional development. |
| <input type="checkbox"/> Employees are allowed time off work to pursue continuing education, training, and/or professional development |
| <input type="checkbox"/> Business provides financial support for continuing education, training, and/or professional development |
| <input type="checkbox"/> Business regularly offers training on-site (training provided by outside experts at your facility) |
| <input type="checkbox"/> Business offers on-the-job training (training provided by in-house experts, e.g. job shadowing, etc.) |
| <input type="checkbox"/> Business requires continuing education, training, and/or professional development |
| <input type="checkbox"/> Business provides incentives for continuing education, training, and/or professional development |
| <input type="checkbox"/> Business does not support continuing education, training, and/or professional development |

13. How important is technology-related training, continuing education, or professional development to your business?
- Not important
 - Slightly important
 - Neutral
 - Moderately important
 - Very important

14. In the table below, please select the various applications of technology currently used by your business. If an application is not being used currently, please indicate your desire to implement that application in the future.

Application	Currently in Use	Not in Use				
		Plan to implement within 1 year	Plan to implement within 3 years	Plan to implement within 5 years	No plans to implement but interested	No plans to implement and not interested
Electronic inventory devise or software						
Electronic supply chain management resources						
Email service for at least 75% of administrative staff						
Employer-issued mobile device for at least 50% of administrative staff						
Human resources or finance-related software						
Participating in industry-specific online directories and aggregation services						
Industry-specific management or performance monitoring software						
Interactive online customer experience						
Point-of-sale software						
Teleworking policy for employees						
Videoconferencing used regularly						
Voice-over Internet Protocol (VoIP) phone service						
Web-based e-commerce application						
Other						

If "Other", please specify _____

15. In the table below, please select the frequency with which you use the various tools to communicate with the public, clients, customers, etc.

Communication Tool	Several times daily	Once daily	Several times weekly	Once weekly	Several times monthly	Once monthly	Less than once monthly	Never
Electronic newsletter								
Email								
Facebook								
Google Hangout								
Instagram								
Mail								
Meerkat								
Newspaper								
Paper newsletter								
Periscope								
Public Service Announcements								
Radio								
Television								
Text messaging								
Twitter								
Website updates								
YouTube								
Other								

If "Other", please specify _____

16. In the table below, please estimate your employee composition related to their technology skills. Place an "X" in the box that corresponds to the percent of your employees with the associated skill. The total of all four rows should equal 100%. For example, Business A's employee composition is 10% Basic Users, 40% Moderate Users, 40% Advanced Users, and 10% Non-Users, while business B has 60% Basic Users, 30% Moderate Users, 10% Advanced Users, and 0% Non-Users.

Technology Skill	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Basic Users (use basic office software, internet browsers, email, or other primary technologies in their job)											
Moderate Users (more advanced software/hardware in their job that may be sector/industry/task-specific)											
Advanced Users (develop, operate, maintain, modify and manipulate technology systems, software, or hardware)											
Non-Users (do not need any technology-related skills)											

17. How well do the technology skills of your employees, as indicated above, match the technology needs of your business?
- Poor
 - Fair
 - Good
 - Very Good
 - Excellent

18. In the table below, please select the category that best describes your business type.
Select only one.

- | | |
|---|--|
| <input type="checkbox"/> Accommodation and Food Service | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Administration, Support, Waste Management, or Remediation Services | <input type="checkbox"/> Mining, Quarrying, and Oil and Gas Extraction |
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Arts, Entertainment, and Recreation | <input type="checkbox"/> Professional, Scientific, or Technical Services |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Real Estate, Rental, or Leasing |
| <input type="checkbox"/> Healthcare and Social Assistant | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Information | <input type="checkbox"/> Transportation and Warehousing |
| <input type="checkbox"/> Management of Companies and Enterprises | <input type="checkbox"/> Utilities |
| | <input type="checkbox"/> Wholesale Trade |

19. Do you consider your business to be involved in the local travel and tourism industry?
- Yes No

20. How many years has your business been in operation? _____

21. How many staff (full-time and part-time) are employed by your business?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Less than 5 | <input type="checkbox"/> 30 to 39 |
| <input type="checkbox"/> 5 to 9 | <input type="checkbox"/> 50 to 99 |
| <input type="checkbox"/> 10 to 14 | <input type="checkbox"/> 100 to 500 |
| <input type="checkbox"/> 15 to 19 | <input type="checkbox"/> More than 500 |
| <input type="checkbox"/> 20 to 29 | |

22. What is your estimated annual revenue?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> \$250,000 to \$499,999 |
| <input type="checkbox"/> \$50,000 to \$99,999 | <input type="checkbox"/> \$500,000 to \$999,999 |
| <input type="checkbox"/> \$100,000 to \$149,999 | <input type="checkbox"/> \$1,000,000 to \$1,999,999 |
| <input type="checkbox"/> \$150,000 to \$249,999 | <input type="checkbox"/> More than \$2,000,000 |

Additional Comments:

Thank you participating in the survey!